

Serve Sugar Land

VOLUNTEER PROGRAM APPLICATION

APPLICANTS MUST BE CURRENT RESIDENTS OF THE CITY OF SUGAR LAND.
PLEASE MAIL COMPLETED APPLICATION TO:
2700 TOWN CENTER BLVD. N., SUGAR LAND, TX 77479,
ATTN: VOLUNTEER PROGRAM OFFICE

Name:	
Address:	
City/Zip/Subdivision:	
Phone Number:	
Driver's License #:	Expiration Date:
Email:	Date of Birth:
VOLUNTEER 1 Please list any current or previous volunteer a	
Why do you wish to volunteer with the City o mandated service, indulge a hobby, give back	of Sugar Land (e.g. gain school credit, court
Have you participated in:	
S.L.101 M.Y.A.C C.A.S.T	C.E.R.T C.P.A C.F.A.

VOLUNTEER SKILLS & INTERESTS

Please indicate your volunteer skills and interests as applicable with a check mark. You may check as many categories as you would like to be considered for.

INTEREST	SKILL	VOLUNTEER ASSIGNMENT
		General
		Routine Office Work (typing, filing, copying, data entry, etc)
		Sugar Land Citizen Relations (answering phone calls and questions
		received by the City, directing visitors, etc)
		Senior Citizen Relations (assist with senior citizen functions & programs)
		On-Call for Special Events (typical duties include meet/greet, registration,
		set up/tear down, runner/floater, serve refreshments)
		Serve on an ad hoc citizen's committee as needed
		Field Trip Chaperone (for senior citizen events, etc)
		Summer Children's Program Assistant (assist with various activities the
		City operates during the summer for the children of Sugar Land)
		Tour Guide/Public Speaking
		Historical Research (researching the City's heritage)
		Animal Care (exercising, grooming and bathing dogs/cats and other
		animal services)
		City Outdoor Landscaping & Maintenance (assist with park clean-ups)
		Neighborhood Clean-Up/Fix-Up (lawn maintenance, light repair,
		painting, tree trimming, etc)
		Marketing/Graphics
		Translation (Language, Sign Language, Technical)
		Other (Please Specify Your Interest/Skill):

What days and times are you available to volunteer?

ANY DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Any Ti	me	Mornin	gs <i>i</i>	Afternoons	·	Evenings	
Specific	c Volunteer	Opportuniti	es Interested In:				

HEALTH

Do you have any need to be accom	physical limitations/restrictions or other health-related modated?	issues that will
Yes	No	
If yes, please exp	lain:	
	SUPPLEMENTAL INFORMATION	
Current Professio	n (if retired please list former profession):	
Please list any sp	ecial skills, training, interests or hobbies you have that i	may be useful:
Please list any lan	nguages (other than English), which you speak or write	fluently:
Where did you le	arn of <i>Serve Sugar Land</i> ?	
,		
Please list two inc	dividuals that we may contact as a character reference for	or you:
Name:	Phone:	
Name:	Phone·	

•	en convicted of, plead guilty to, or received deferred adjudication for se (misdemeanors and felonies) within the last seven (7) years?
Yes	No
If yes, please expl	ain:
Note: This may n	ot automatically disqualify you from participating in Serve Sugar Land
furnish and make aware that any inf that the informatic and agree that a sufficient grounds	or a volunteer position with the City of Sugar Land, I am willing to available information for use in determining my qualifications and I am formation I provide may be subject to an open records request. I certify on given by me in this application is true and complete. I understand my false information, misrepresentation, or concealment of facts is for my immediate discharge without recourse from the City of Sugar Program, Serve Sugar Land.
determine my elig specific volunteer understand and ag the City of Sugar check of reference	for security purposes a basic background check will be conducted to sibility and that further background information may be requested if a assignment calls for a more in-depth security check. Further, I ree that all information furnished in this application may be verified by Land. I also understand that my participation is subject to a satisfactory es and that I may also be subject to a "for cause" substance abuse oint in time during my participation.
application and a information relative such individuals, claim or damage v	te all individuals and organizations named or referred to in this my law enforcement organization to give the City of Sugar Land all we to my employment, work habits and character and hereby release organizations, and the City of Sugar Land from any liability for any which may result. I further understand that this information will be used ose of determining my eligibility.
Applicant:	Date:
Parent/Guardian:_	Date: If Applicant is Under the Age of 18